myself justified in testing the validity of Dr. Simpson's views, and so far as one case can confirm what he has advanced, I think the preceding worthy of the attention of your numerous readers, supporting as it does those opinions.

66. *Treatment of Placenta Prævia by turning.*—Mr. Newnham conceives the proposed plan of detaching the placenta, and then leaving the case to nature, to be so fraught with danger to both fœtal and maternal life, that it cannot be too thoroughly weighed before we venture upon disturbing the established practice.

On consulting the records of his obstetric practice, he finds "there have been *thirteen* cases of placenta prævia since the 1st of January, 1812, and of these, *twelve* recovered perfectly; the thirteenth case was that of a very poor woman, who had suffered much from hemorrhage before Mr. N. saw her, whose external circumstances were as wretched as possible, who had been borne down by the affliction of a large family and a bad husband, and by want and misery in every shape: she was a picture of woe and emaciation, and, to Mr. N.'s surprise, she lived two hours after she was delivered. In this case the turning was undertaken as a forlorn hope, and as an effort to be made to save her, rather than allow her to die without such effort.

"The preceding results," says Mr. N., "were sufficiently satisfactory to me; that twelve out of thirteen should have been saved, while the thirteenth was only waiting to be carried off by the first shock the system might sustain, was a result as favourable as could have been hoped for, and one which I was disposed to attribute,—1st, to my invariable rule, in every case of doubtful hemorrhage, to make myself perfectly certain as to the cause of the flow of blood; 2dly, having ascertained that it was from placental presentation, to lose no time in effecting delivery by turning—to turn at once if the os uteri were sufficiently dilated, or dilatable—and if not, to adopt every possible means to secure this object, and to turn as soon as it was obtained; and 3dly, to the possession of an extremely small hand, which enabled me to do all I had to do with less violence to the mother, and consequently with less present hemorrhage, and less subsequent irritation.

"The above thirteen cases are all that have occurred to me; six of them were under my own exclusive care, and the remaining seven, including the fatal one, were midwives' cases; they are not, therefore, selected cases, or taken from one class of life, but may be considered as a fair sample of country practice.

"I am sorry to say, that I have no record of the number of children born living, but my impression is, that this has always turned upon the presence or absence —the more or less of pain—the more or less of delay in the final expulsion of the child: if the child has been born quickly, it has been born alive, and if much delay has occurred, it has been still-born. I regret the inability to furnish this information the less, however, because the question of treatment can never be referred to the relative danger to the infant, this being unquestionably greater by the modern proposal of first detaching the placenta.

"Such being the result of my own practice, aided by the convictions of all my literary research, I should feel so satisfied with the established mode, that I could not venture upon adopting the more novel treatment, except upon far more enlarged testimony than we at present possess.

"Nevertheless, I can conceive of cases complicated with placenta prævia, as in narrow pelvis, or any other case in which the head is presenting, and it might be ultimately necessary to diminish the size of that head: I can conceive of such a case, in which the early detachment of the placenta might give the opportunity for employing the perforator and crotchet, and might thus afford a valuable resource in circumstances of extreme difficulty. But this is an exceptional case, and the rule must not be deduced from it. In cases, therefore, of *necessary* hemorrhage, the *rule* must still be, turn and deliver as soon as circumstances admit; but when circumstances render this rule impracticable, it is a comfort to be able to fall back upon another practice with the conviction that it may be hopefully employed."—*Lond. Med. Gaz.*, Nov. 14th, 1845.

67. *Treatment of Placenta Prævia by Plugging the Vagina.*—Dr. J. Hall Davis, in some interesting "contributions to the practice of midwifery," (*Lancet*, Nov. 8th, 1846,) expresses his preference for the treatment of *plugging the vagina* in

cases of placenta prævia where the hemorrhage continues after the liquor amnii shall have been discharged, over that of extracting the placenta before the child, as recommended by Dr. Simpson. He has been led to this preference by the results of the cases which he has himself treated and seen treated during fifteen years.

"The plug to be used," he quotes from his father's "Principles and Practice of Obstetric Medicine," "must be sufficiently ample, not only to charge the vagina pretty completely in its ordinary state of capacity, but so effectually to occupy the space within it, as to leave no room for the escape of even the smallest stream of blood from the uterus, a mechanical security not to be attained by merely introducing a few loose shreds of old linen into the *lower* part of the vagina." The author then advises soft sponge as the preferable material for the purpose; and adds—"This tampon also acts as a powerful means of exciting the uterus to contraction by its mechanical irritation."

"The object for which the plug," he remarks, "was applied having been fulfilled—the orifice of the uterus being judged by the character, strength and frequency of recurrence of the pains, to be adequately dilated—it must, of course, be withdrawn, which will be generally within twelve hours, often within five:—The orifice of the uterus now being found ready for our purpose, what will be our next course of proceeding?

"*If the placenta is centrally attached*, the remaining treatment of the case will consist in delivery by turning. The hand should now be passed into the uterus, not by the barbarous procedure of perforating the placenta at its centre, which involves a serious injury of its texture, a return or increase of hemorrhage, and a risk of effecting, after all, the entire detachment of this vascular structure (so strongly advocated by Dr. Simpson), but, by the safer plan, both to mother and child, and the easier route by the side of it. We should discover towards its circumference where it may already have been detached, or where the placental tissue may be thinnest, and there effect our entry.

"*If the placenta is partially implanted only*, the practice should consist of rupturing the membranes, and discharging the waters; but, supposing the hemorrhage might not be arrested by that measure, and the operation of turning not be practicable on account of rigidity of the os tincæ, here I would plug the vagina as in the previous case. After the removal of the plug, its object having been attained, we shall frequently find that the operation of turning will not be required; the head offers itself, is found gradually pressing downwards, and the birth, the pelvis being of good conformation, is speedily accomplished by the natural efforts. On the other hand, if the head remains high up above the brim of the pelvis, and the hemorrhage continues, we proceed to the delivery by turning.

"There are certain items of treatment which it will often be found advantageous to pursue. In the event of restlessness, or any trace of nervous excitability appearing about the patient, or should her rest have been much broken, I am in the habit of exhibiting a full dose of laudanum, and with excellent effect. The patient gets some refreshing sleep, and awakes with a breathing moisture upon her skin, which was not there before; and the action of labour is speedily and fully instituted. In some cases, the os uteri being, though undilated, free from rigidity, I have derived good effects from the exhibition of the ergot of rye, both after the administration of opium, and where that remedy has not been indicated, in hastening the action of labour. But I have not frequently found it necessary to give that medicine at this period of gestation, (the last three months,) the use of the plug not only arresting the hemorrhage, but promoting the action of parturition.

"With regard, again, to the plan pursued by Dr. Simpson, his friends and followers, I am of opinion that it might be advantageous in cases of distorted pelvis, rendering lessening necessary, where nothing could be gained by the operation of turning, by which then the mother would be exposed to a needless jeopardy. But, as a preparatory proceeding, which I should consider a necessary measure of safety to the mother, I would plug the vagina, supposing on my reaching the case, that the orifice of the uterus might not be sufficiently dilated to admit of delivery, even by the crotchet."

"It is in states of os tincæ preventing the easy introduction of the hand, and as an alternative to forced delivery, that I apprehend Dr. Simpson would more par-

ticularly urge the treatment which he advises, and in the cases in which I would myself, as the safest proceeding, adopt the practice of plugging the vagina. In this class of cases, a considerable time would have to elapse between the entire detachment of the placenta—supposing it always feasible—and the birth of the child; and here we should find no saving, I apprehend, of children's lives, and, agreeably to my views of the uterine circulation, no great safety to mothers."

Dr. Davis relates two cases to illustrate the treatment he prefers in placenta prævia, one of which is the following.

Case of uterine hemorrhage under entire implantation of the placenta over the uterine orifice—in the eighth month of pregnancy of a seventh child—treated by the application of the plug—the exhibition of a full dose of opium, and subsequent delivery by the operation of turning.—At the request of Mr. Jones, of Berners-street, I was called, Sept. 27th, this year, to the case of Mrs. ——, aged thirty, in the eighth month of her seventh pregnancy. Slight pains had commenced, between six and eight A. M., with hemorrhage, which had latterly become profuse; she had flooded on the previous day, and had had a previous attack of flooding a fortnight before. I was informed by my friend, prior to my arrival, that on the previous day he had felt the placenta presenting. I visited the patient immediately (mid-day) and found the condition of things such as had been represented. The mouth of the womb was then dilated to the diameter of half a crown; it could scarcely be said to be rigid; it was not possible, however, to effect the introduction of the hand, without risk of contusing or lacerating the parts. I might easily, I have no doubt, have effected the separation of the placenta with the index finger, had I chosen to do so. The patient was pallid; had a quick and frequent pulse; the hemorrhage was continuing. I obtained several pieces of soft sponge, which I cut into smaller sections; these I passed into the vagina, packing, successively and *completely*, the upper, middle, and lower portions of the tube; a broad belly-band was applied, secured in its position by a cross piece, fixed to its mid-point behind and in front, and passed over the vulva. One drachm of laudanum was exhibited. At half-past four, four hours from the introduction of the sponges, good bearing pains had supervened, and the patient had slept; there was a breathing moisture upon the skin, which was not there before. I removed the plug, which had been quite efficient, only those portions of sponge in contact with the uterine mouth being tinged with blood; and now passed my hand readily into the uterus, separating the placenta, as I proceeded on one side of its attachment, and only to the extent sufficient for my purpose of securing a foot. Coursing my hand upwards, outside the membranes, I grasped a foot, ruptured the membranes, and at once and without difficulty accomplished the turn, and with but little delay the delivery of the child. The child was pallid on its birth and asphyxiated; it rallied under the application of the usual measures, but continued feeble, and died in six hours afterwards under an attack of convulsions. The flooding continuing after the birth of the child the placenta was removed, the uterus contracted, and the hemorrhage ceased. The uterus showing some disposition again to relax, my friend secured his patient by the application of a bandage and compress, and by two or three draughts of cold spring water. To prevent restlessness, likely to ensue upon the loss of blood, fifty drops of laudanum were exhibited, and strict injunctions, which were observed, were left for the rigid maintenance of the horizontal posture. At our visit on the following day there had been no return of hemorrhage; the patient had slept comfortably; the uterus was well contracted; broth was ordered, as the patient was feeble. The remainder of the treatment was judiciously conducted by Mr. Jones, and I am informed by him (Nov. 1) that his patient has recovered without a single bad symptom.

I apprehend that the fatal results which have swelled Dr. Simpson's tables are chiefly due to the delay incurred before assistance is sought; to the practice of forced delivery; to the misunderstanding of the principle of the "plug," a cambric or silk pocket handkerchief, a few dossils of linen, or a sponge pushed up to the os uteri, being thought quite adequate to the purpose. Such plugging is worse than useless, since not only does it allow of a continuing hemorrhage, but brings by its failure, when thus misapplied, a most valuable measure into undeserved disrepute.

The very first moment that we can ascertain the *unavoidable* nature of the hemorrhage, we ought to act. It is our *first* and *imperative* duty in hemorrhage of the last

three months of gestation, if the orifice of the uterus will admit a forefinger, to feel for the placenta, and should we find it *centrally*, ay, even *partially*, attached to the cervix, we ought to engage ourselves actively, and at once, about the safety of our patient's life.

JOHN L. ION also advocates the use of the plug in similar cases, and relates (*Lancet*, Dec. 13th, 1845), a case of placenta prævia in which he employed it with success.

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68. *On the treatment of cases of Placenta Prævia by removal of the Placenta, and not by turning.*—Dr. SAMUEL ASHWELL has published in the *London Medical Gazette*, Nov. 1845, some very interesting remarks on this subject. "The necessity," he observes, "for disturbing the existing practice arises from the *assumed great fatality to the mothers attendant on turning the child prior to the removal of the placenta.* Dr. Simpson says, the average rate of mortality in placental presentations is 1 in 3; and he strengthens this statement, perhaps not quite fairly, by the declaration of a 'doubt, if the most fatal of all human diseases, the plague itself, be found to destroy so large a proportion of those attacked.' There should be, to render this argument effective, something like resemblance in the things compared; and especially in the number of cases. I cannot believe that this is a correct average of maternal fatality. I have had at least twenty cases of complete placenta prævia, in consultation and private practice, (exclusively at the hospital,) during the last twenty-five years, with only two deaths. In one of these, a patient of Mr. New, of Mile End, the first gush destroyed life; and in the second, two large scirrhous tumours in the walls of the uterus, (vide Guy's Hospital Reports, accompanied by drawing of the growths,) there was gangrenous degeneration.

"My friend and colleague, Dr. Lever, in answer to some inquiries as to our Lying-in Charity at Guy's, thus writes, Oct. 28th, 1835:—'Between the years 1833 and 1840, 4666 women were attended by our pupils. In 14 cases presentation of the placenta occurred; in 9 the placenta entirely covered the os uteri, while in 5 it partially presented: in all, delivery was accomplished by the operation of turning. *Eight* of the children were still-born; in one, the head was unavoidably lessened, owing to the contracted state of the pelvis, (this operation had been resorted to in her previous labour;) *two* of the 14 cases terminated *fatally* to the mother; in the first case the patient's age was 34; it was her *ninth* confinement, and you well remember she underwent the operation of transfusion with temporary benefit, but died the day after delivery. In the other case, the patient's age was 39; it was her sixteenth confinement; she had, previously to the occurrence of labour, been exhausted by two severe losses of blood, without sending for assistance: she died soon after delivery.

"'From Oct. 1840 to Oct. 1845, there have been 11 or 12 cases, but as yet I am unable to say how many were partial or how many complete presentations; neither can I give you the maternal mortality; but I trust, when the table is completed, it will show results as favourable as our first reports.' In one of the two fatal cases alluded to by Dr. Lever, where I transfused, it was our, and the late Mr. Tweedie's conviction, that the delivery was attempted too late, and that even blood itself could not preserve the fast-sinking life of the patient. From extensive inquiries amongst men largely engaged in midwifery practice, I am persuaded that Dr. Simpson's rate of maternal fatality, under this form of presentation, is *far* too high."

With regard to the proposition advanced by Dr. Simpson "that in placenta prævia the discharge issues *principally* or *entirely* from the vascular openings which exist on the exposed placental surface," Dr. Ashwell says, "it would have been well if these orifices and their capacities had been demonstrated. I have never yet seen them, although I have subjected numerous placentæ to examination, both before and after injection: nor have I been more successful when I have carefully peeled off an adherent placenta after death. It is, on the contrary, easy enough to show to the satisfaction of the most incredulous, the great openings existing in the lining membrane of the uterus, exactly opposite the attachment of the placenta, and which are covered by interposed decidua. Into many of these the tip of the finger may be inserted, while their course and extensive communications with the uterine sinuses, full of blood, are evident at a glance. Surely such an organization affords the clearest proof of the *source* of the hemorrhage in pla-